



2009215

NON-HAZARDOUS WASTE MANIFEST

Please print or type (Form designed for use on elite (12 pitch) typewriter)

NON-HAZARDOUS WASTE MANIFEST		1. Generator's US EPA ID No. LTR 000 000 661		Manifest Document No. 040614		2. Page 1 of 1	
3. Generator's Name and Mailing Address USEPA REGION 8 999 18th ST. SUITE 300 DENVER, CO. 80202-2466 ATTN: FLOYD NICHOLS							
4. Generator's Phone (303) 312-6983		6. US EPA ID Number CAT 000 624 247		A. State Transporter's ID N/A			
5. Transporter 1 Company Name MP ENVIRONMENTAL SVC		8. US EPA ID Number		B. Transporter 1 Phone 877-800-5111			
7. Transporter 2 Company Name		10. US EPA ID Number		C. State Transporter's ID			
9. Designated Facility Name and Site Address CLEAN HARBORS GRASSY MOUNTAIN FACILITY 3 MILES EAST, 7 MILES NORTH OF EXIT 41 OFF I-80 CLIVE, UT 84043		12. Containers No. Type 001 CM		13. Total Quantity 00040		14. Unit CY	
11. WASTE DESCRIPTION a. 'RQ' ASBESTOS, 7, NA 2212, PE III		12. Containers No. Type		13. Total Quantity		14. Unit	
b.							
c.							
d.							
G. Additional Descriptions for Materials Listed Above 11A) CH 65634B 10 YD ROLL OFF ASBESTOS CONTAMINATED PPE + DEBRIS - DOUBLE BAGGED + WETTED				H. Handling Codes for Wastes Listed Above			
15. Special Handling Instructions and Additional Information 11A) CH 65634B 40 YD ROLL OFF USE STANDARD PROTECTIVE EQUIPMENT + CLOTHING IN CASE OF EMERGENCY CONTACT (888) 814-7477 24 HR ERG #171							
16. GENERATOR'S CERTIFICATION: I hereby certify that the contents of this shipment are fully and accurately described and are in all respects in proper condition for transport. The materials described on this manifest are not subject to federal hazardous waste regulations.							
Printed/Typed Name DARRELL J. STRICKLAND, USCG				Signature Darrell J. Strickland		Date 06/14/04	
17. Transporter 1 Acknowledgement of Receipt of Materials				Signature Ron Porter		Date 06/14/04	
Printed/Typed Name Ron Porter				Signature		Date	
18. Transporter 2 Acknowledgement of Receipt of Materials				Signature		Date	
Printed/Typed Name				Signature		Date	
19. Discrepancy Indication Space							
20. Facility Owner or Operator: Certification of receipt of the waste materials covered by this manifest, except as noted in item 19.							
Printed/Typed Name				Signature		Date	

